FILING DATE SERIAL NO. APPLICANTION **CLAIMS ONLY** CLAIMS DER IND. DEP. SED. DEP. DER MD. DEP. DEP. • -5 -t = , + TOTAL / NO. / TOTAL / DEP. / TOTAL GLAMS // TOTAL IND. TOTAL DER _1 16 PER * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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